| ty Field Office | NOTIFICATION | ON OF WELL SPUDDING | |
|---|---------------|--|--------|
| Lease number COC | | Operator: | |
| Well or Facility | | Location: Township, Range, Section, QtrQtr, | County |
| | Notification | information | |
| DATE OF SPUD NOTICE | | | |
| SPUD SUBMITTED BY | | | |
| DATE DRILL RIG MOVED IN | | | |
| DATE OF SPUD | | | |
| OTHER INFORMATION | | | |
| | Rig Info | rmation | |
| NAME OF DRILLING COMPANY | | | |
| RIG NUMBER | | | |
| | | | |
| | Surface Casin | ng Information | |
| SURFACE HOLE DEPTH | <u></u> | | |
| SURFACE HOLE SIZE | | | |
| SURFACE CASING (diameter & weight) | | | |
| NUMBER OF JOINTS RUN & LENGTH | | | |
| NUMBER OF CENTRALIZERS USED | | | |
| SURFACE HOLE SET DEPTH (KB) | | | |
| CEMENT (# sacks & class & returns) | | | |
| TIME PLUGGED DOWN | | | |
| TIME DRILLED OUT | | | |
| BOP TEST DATE & TIME | | | |
| BOP PRESSURE TESTED TO | | | |
| CEMENT REPORT | | | |
| | | | |
| Operator must furnish con within five (5) business da | | st production date, and facility d I begins producing. | iagram |
| | BLM en | try only; | |
| SPUD NOTICE RECEIVED BY | X | | |
| DATE OF AFMSS ENTRY | X | | |
| COMPLETION REPORT CALL UP MADE | X | | |
| FIRST PRODUCTION REPORT | X | | |
| EACILITY CHECKED FOR APPROVAL | A | | |

<u>--X</u>

FACILITY DIAGRAM RECEIVED